

State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals
RFP No. 420-1-07
Community-Based Case Management

Date Issued
August 23, 2006

Date Due
September 20, 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

August 23, 2006

REQUEST FOR PROPOSALS

COMMUNITY-BASED CASE MANAGEMENT SERVICES (STATEWIDE) RFP No. HTH 420-1-07

The Department of Health, Adult Mental Health Division, is requesting proposals from qualified applicants to provide community-based case management services (statewide). The contract term will be from March 1, 2007 through February 28, 2008. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, and postmarked by the United State Postal Service on or before September 20, 2006, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on September 20, 2006, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Adult Mental Health Division will conduct a videoconference orientation on August 31, 2006 from 9:00 a.m. to 10:30 a.m. HST, at:

Oahu: Keoni Ana Bldg., 1177 Alakea Street, Room 302, Honolulu

Hawaii: Hilo State Office Bldg., 75 Aupuni Street, Basement, Hilo

Maui: Wailuku Judiciary Bldg., 2145 Main Street, 1st Floor, Wailuku

Kauai: Lihue State Office Bldg., 3060 Eiwa Street, Lihue

All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:00 p.m., HST, on September 8, 2006. All written questions will receive a written response from the State on or about September 12, 2006.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Betty Uyema at 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 96813, telephone: (808) 586-4688, fax: (808) 586-4745, email: byuyema@amhd.health.state.hi.us.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED:
THE 3 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND ONE (1) SINGLE SIDED, UNBOUND COPY.

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN
September 20, 2006
and received by the state purchasing agency no later than 10 days from the submittal deadline.**

All Mail-ins

Department of Health
Adult Mental Health Division
P.O. Box 3378
Honolulu, Hawaii 96801-3378

RFP Contact Person

Betty Uyema
For further info. or inquiries
Phone: 586-4688
Fax: 586-4745

ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 4:00 P.M., Hawaii Standard Time (HST) September 20, 2006.

Drop-off Site

Department of Health
Adult Mental Health Division
1250 Punchbowl Street , Room 256
Honolulu, Hawaii

BE ADVISED: All mail-ins postmarked by USPS after **September 20, 2006**, and not received within 10 days will be rejected.

Hand deliveries will **not** be accepted after **4:00 p.m., HST, September 20, 2006.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:00 p.m., HST, September 20, 2006.**

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFP's, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	8/23/06
Distribution of RFP	8/23/06
RFP orientation session	8/31/06
Closing date for submission of written questions for written responses	9/8/06
State purchasing agency's response to applicants' written questions	9/12/06
Discussions with applicant prior to proposal submittal deadline (optional)	N/A
Proposal submittal deadline	9/20/06
Discussions with applicant after proposal submittal deadline (optional)	N/A
Final revised proposals (optional)	N/A
Proposal evaluation period	Late September – Early October 2006
Provider selection	Mid October 2006
Notice of statement of findings and decision	Late October 2006
Contract start date	3/1/07

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "RFPs"
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6	Standard Contract -General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at www.hawaii.gov)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://www.capitol.hawaii.gov/ , click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	http://www.hawaii.gov/dcca click "Business Registration"
11	Campaign Spending Commission	http://www.hawaii.gov/campaign

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant. Failure to comply with any requirements may result in the rejection of the proposal.

Applicants are advised that the entire RFP, appendices, amendments, memorandum, written responses to questions and answers, and the corresponding proposal shall be a part of the contract with the successful applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

**Adult Mental Health Division
Department of Health
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813
Phone: (808) 586-4688 Fax: (808) 586-4745**

VI. Orientation

A video conference orientation for applicants in reference to the request for proposals will be held as follows:

Date:	August 31, 2006	Time:	9:00 a.m. – 10:30 a.m.
Location:	Oahu:	Keoni Ana Bldg., 1177 Alakea Street, Room 302, Honolulu	
	Hawaii:	Hilo State Office Bldg., 75 Aupuni Street, Basement, Hilo	
	Maui:	Wailuku Judiciary Bldg., 2145 Main Street, 1st Floor, Wailuku	
	Kauai:	Lihue State Office Bldg., 3060 Eiwa Street, Lihue	

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VII. Submission of Questions).

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Previous Questions and Answers to RFP HTH 420-5-06 are presented in Section 5, Attachment P.

Deadline for submission of written questions:

Date: September 8, 2006 **Time:** 4:00 P.M. HST

State agency responses to applicant written questions will be provided by:

Date: September 12, 2006

Applicants shall submit questions in writing, and/or on diskette in Word 2000 format or lower to the RFP Contact Person. The written questions shall reference the RFP section, page and paragraph number.

Only correspondence coordinated by the RFP Contact Person shall be considered valid. No verbal responses shall be considered as official. All questions regarding the RFP must be directed to the RFP Contact Person.

VIII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the

order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. The tax clearance application may be obtained from the Department of Taxation website. (See paragraph II, Website Reference.)

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See paragraph II, Website Reference.)

- E. Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)
- F. Campaign Contributions by State and County Contractors –** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)
- G. Confidential Information –** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

All proposals become the property of the State of Hawaii. The successful proposal shall be incorporated into the resulting contract and shall be public record. The State of Hawaii shall have the right to use all ideas, or adaptations to those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal shall not affect this right.

Note that price is not considered confidential and will not be withheld.

- H. Proposal Submittal –** All mail-ins shall be postmarked by United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-In and Deliver Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

- postmarked after the designated date; or

- postmarked by the designated date but not received within 10 days from the submittal deadline; or
- If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

IX. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, Hawaii Administrative Rules (HAR).

From the issue date of this RFP until an applicant is selected and the selection is announced, communications with State staff may be pursuant to Chapter 3-143 Competitive Purchase of Service, Subchapter 4, Allowable Communications, HAR.

In order to provide equal treatment to all applicants, questions from applicants shall be submitted in writing and answers to applicants shall be distributed to all known interested parties.

X. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

The Adult Mental Health Division (“DIVISION”) reserves the right to conduct an on-site visit to verify the appropriateness and adequacy of the applicant’s proposal before the award of the contract.

XII. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant’s best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants’ sole responsibility.

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency’s efforts to plan for or to purchase health and human services prior to the state purchasing agency’s release of a request for proposals, including the sharing of information on community needs, best practices, and providers’ resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

The DIVISION also reserves the right to waive minor variances in proposals providing such action is in the best interest of the State. Where the DIVISION may waive minor variances, such waiver shall in no way modify the RFP requirements or excuse an applicant from full compliance with the RFP specifications and other contract requirements if the applicant is awarded the contract.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610(a)(1), HAR)
- (6) Applicant not responsible (Section 3-143-610(a)(2), HAR)
- (7) Proof of collusion among applicants, in which case all proposals involved in the collusive action shall be rejected and any participant to such collusion shall be barred from future bidding until reinstated as a qualified applicant.
- (8) An applicant without a DIVISION approved repayment plan that is in arrears on existing contracts with the State or has defaulted on previous contracts.
- (9) An applicant shows any noncompliance with applicable laws.
- (10) An applicant's lack of financial stability and viability.
- (11) An applicant adds any provisions reserving the right to accept or reject an award, or enters into a contract pursuant to an award, or adds provisions contrary to those in the solicitation.

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

Upon receipt and acceptance of the winning proposal, the DIVISION shall initiate the contracting process. The applicant who has been awarded a contract shall be notified in writing that the DIVISION intends to contract with the applicant. This letter shall serve as notification that the applicant should begin to develop its programs, materials, policies and procedures for the contract. The DIVISION will not reimburse applicants for costs incurred related to services not delivered

If a subcontractor is used, the applicant shall assure the DIVISION that they, as the applicant have the ultimate responsibility that the subcontractors will provide services that meet the criteria of this RFP. The DIVISION must be informed of all subcontractors. The DIVISION reserves the right to approve subcontractors used for the provision of services under this RFP.

The DIVISION reserves the right to review any subcontractor or provider contracts or agreements prior to the notification of award of the contract.

Upon award of the contract, the DIVISION will issue an implementation schedule to all contract recipients that will include a timeline for implementation meetings and other requirements. The applicant shall submit a plan for implementation of services within two (2) weeks of receipt of the implementation schedule from the DIVISION. The applicant shall provide progress/performance reports once (1) a month beginning two (2) weeks after the notification of contract award. The format to be used shall be approved by the DIVISION. The purpose of the reports is to ensure that the applicant will be ready to provide services as of the implementation date of the contract and that all required elements are in place.

After the award of the contract, prior to implementation, an on-site readiness review will be conducted by a team from the DIVISION and will examine the applicant's staffing, subcontractor and provider contracts, fiscal operations, and other areas specified in the implementation plan requirements. If the applicant is not able to demonstrate readiness to implement the contract, the award shall be withdrawn by the DIVISION and the next qualified applicant shall replace the applicant.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome L. Fukino, M.D.	Name: Amy Yamaguchi
Title: Director of Health	Title: Administrative Officer, Adult Mental Health Division
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. Monitoring and Evaluation

Any deviation from the contract scope and requirements may result in the penalties described in the temporary withholding of payments pending correction of a deficiency or a non-submission of a report by the provider, in the disallowance of all or part of the cost, or in the suspension of contract services pending correction of a deficiency.

The applicant shall comply with all of the requirements of the RFP and contract and DIVISION shall have no obligation to refer any consumers to the applicant until such time as all of said requirements have been met. The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary. Terms of the special conditions may include, but not limited to, the requirements as outlined in Section 5, Attachment C.

A. Termination of the Contract

1. This contract may terminate or may be terminated by the DIVISION for any or all of the following reasons:
 - a. For any default by the applicant
 - b. For necessity or convenience
 - c. In the event of the insolvency of or declaration of bankruptcy by the applicant
 - d. In the event sufficient appropriated; otherwise unobligated funds no longer exist for the payment of the DIVISION obligations hereunder.

2. Procedure for Termination

The applicant shall:

- a. Stop work under the contract on the date and to the extent specified in the notice of termination.
- b. Notify the consumers of the termination of the contract and arrange for the orderly transition to the new provider.
- c. Place no further orders or subcontracts for materials, services, or facilities, except as may be necessary for completion of the work under the portion of the contract that is not terminated.
- d. Terminate all orders and subcontracts to the extent that they relate to the performance of work terminated by the notice of termination.
- e. Assign to the DIVISION in the matter and to the extent directed by the DIVISION Chief of the right, title, and interest of the applicant under the orders or subcontracts so terminated, in which case the DIVISION shall have the right, in its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- f. With the approval of the DIVISION Chief, settle all outstanding liabilities and all claims arising out of such termination of orders or subcontracts, the cost of which would be reimbursable in whole or in part, in accordance with the provisions of the contract.
- g. Complete the performance of such part of the work as shall not have been terminated by the notice of the termination.
- h. Take such action as may be necessary, or as the DIVISION Chief may direct, for the protection and preservation of any and all property or information related to the contract which is in the possession of the applicant and in which the DIVISION has or may acquire an interest.
- i. Within ten (10) working days from the effective date of the termination, deliver to the DIVISION copies of all current data files, program documentation, and other documentation and procedures used in the performance of

the contract at no cost to DIVISION. The applicant agrees that the DIVISION or its agent shall have a non-exclusive, royalty-free right to the use of such documentation.

3. Termination Claims

After receipt of a notice of termination, the applicant shall submit to the DIVISION Chief any termination claim in the form and with the certification prescribed the DIVISION Chief. Such claim shall be submitted promptly but in no event later than sixty (60) days from the effective date of termination. Upon failure of the applicant to submit its termination claims within the time allowed, the DIVISION Chief may, subject to any review required by the State procedures in effect as of the date of execution of the contract, determine, on the basis of information available to him/her, the amount, if any, due to the applicant by reason of the termination and shall thereupon cause to be paid to the applicant the amount to be determined.

Upon receipt of notice of termination, the applicant shall have no entitlement to receive any amount of lost revenues or anticipated profits or for expenditures associated with this or any other contract. The applicant shall be paid only the following upon termination:

- a. At the contract price(s) for the number of consumers serviced by the applicant at the time of termination; and/or
- b. At a price mutually agreed by the applicant and the DIVISION.

In the event of the failure of the applicant and the DIVISION to agree in whole or in part as to the amounts with respect to costs to be paid to the applicant in connection with the total or partial termination of work pursuant to this article, the DIVISION shall determine on the basis of information available the amount, if any, due to the applicant by reason of termination and shall pay to the applicant the amount so determined. The applicant shall have the right to appeal any such determination made by the DIVISION.

B. Extension of Contract

Options for renewal or extension shall be based on the applicant's satisfactory performance of the contracted services(s) and availability of funds.

Extensions beyond the award period will be time limited in order to accomplish specific short-term goals of the DIVISION. An extension beyond the award period does not imply further extensions once the extension date has ended.

C. Dispute Resolution

Any disputes concerning a question of a fact arising under the contract, which is not disposed of by an agreement shall be decided by the DIVISION Chief or his/her duly authorized representative. The decision shall be in writing and forwarded to the applicant. The decision shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary, or as grossly erroneous as necessary to imply bad faith. In connection with any dispute proceeding under this clause, the applicant shall be afforded an opportunity to be heard and to offer evidence in support of his/her dispute. Pending final decision of a dispute, the applicant shall proceed diligently with the performance of the contract in accordance with the disputed decision.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

The DIVISION may also be required to make small or major unanticipated modifications to individual contracts. Reasons for such modifications may include, but are not limited to, requirements imposed by the United States Department of Justice in the implementation of the Settlement Agreement and Stipulations and Orders, recommendations made by the DIVISION's technical assistance consultant, national trends, and needs of the Hawaii State Department of Health.

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The Adult Mental Health Division (“DIVISION”) of the Hawaii State Department of Health (“DEPARTMENT”) is responsible for coordinating public and private human services into an integrated and responsive delivery system for mental health needs. Provision of direct services to consumers in the public sector is offered through programs offered by the Community Mental Health Centers (“CENTERS”) and the Hawaii State Hospital (“HOSPITAL”). In addition, the DIVISION contracts on a purchase of service basis with private providers for mental health services to supplement the efforts of the CENTERS and the HOSPITAL.

For purposes related to this RFP, the basic functions or responsibilities of the DIVISION include:

- 1) Defining the services to be provided to consumers by the applicant;
- 2) Developing the rules, policies, regulations, and procedures to be followed under the programs administered by the department;
- 3) Procuring, negotiating, and contracting with selected applicants;
- 4) Determining initial and continuing eligibility of consumers;
- 5) Enrolling and disenrolling consumers;
- 6) Reviewing and ensuring the adequacy of the applicant’s employees and providers;
- 7) Authorizing and determining necessity of DIVISION funded services;
- 8) Monitoring the quality of services provided by the applicants and subcontractors;
- 9) Reviewing and analyzing utilization of services and reports provided by the applicants;
- 10) Handling unresolved consumer grievances and appeals with the applicants;
- 11) Certifying Medicaid Rehabilitation Option (“MRO”) providers;
- 12) Authorizing and paying MRO services and claims;
- 13) Monitoring the financial status and billing practices of applicants;
- 14) Identifying and investigating fraud and abuse;
- 15) Analyzing the effectiveness of the program in meeting its objectives;
- 16) Conducting research activities;
- 17) Providing technical assistance to the applicants;
- 18) Providing consumer eligibility information to the applicants;
- 19) Payments to the non-MRO contracted applicants; and,
- 20) Imposing civil or administrative penalties, monetary penalties and/or financial sanctions for violations of specific contract provisions.

Since persons who are severely and persistently mentally ill typically manifest varying levels of need for care and often experience cyclical episodes of

recurrence of the illness, a variety of service and housing options must be provided simultaneously to the individual and tailored to meet his/her current needs. Among these required services are those which must address the needs of persons when they are homeless, when they are experiencing a bout of illness or in relapse, and when services sought reflect the assumption that services provided to persons who are severe and persistent mentally ill, are community-based, are well-coordinated, and produce outcomes that benefit both the consumer and society.

B. Planning activities conducted in preparation for this RFP

A series of planning events, including needs assessment conducted in 2000, were held with mental health stakeholders (consumers, staff, private providers, advocates, and family members) to determine the range of public mental health services for persons with severe and persistent mental illness. During these meetings, views were expressed on how to improve services and achieve system-wide goals. Most importantly, input had been received for provision of comprehensive, accessible services on each island and in rural locations with a range of housing options, a choice of treatment, and rehabilitation with access to case management specialists, and other services after regular working hours. Based on these findings, the DIVISION has appropriated funding to provide services to consumers by contracting with purchase of service providers. These services shall reflect national standards of care and best practices and shall be based on a philosophy of recovery-focused and cultural competent treatment, psychosocial rehabilitation and other community supports.

U.S. Department of Justice Stipulation and Order

Since 1991, the State of Hawaii has been under a Settlement Agreement with the United States Department of Justice (“DOJ”) relative to the treatment and rehabilitation programs and services at the HOSPITAL. Since 1998, the DIVISION has been developing and implementing an array of community-based services. In May 2001, the United States District Court appointed a Special Master to oversee the activities of the HOSPITAL and resulting community services developed by the DIVISION. On January 23, 2003 the Court ordered the implementation of a Plan for Community Mental Health Services that delineates the development and implementation of community services necessary to support the discharge and transfer of patients from the HOSPITAL, and to support the diversion of individuals who would otherwise have to be admitted to the HOSPITAL. The development, implementation, integration, coordination and monitoring of all these programs and services required by both court ordered plans will require the DIVISION to generate, coordinate and constantly monitor the systematic, uniform and accurate data and information, and the compilation of information into management reports for policy and program and/or services development.

C. Description of the goals of the service

“AMHD is deeply committed to building a system of care which is rooted and grounded in the recovery model. The cornerstone of the recovery process is the centrality of the individual, in their personal definition of meaning and purpose, and the belief that despite the ongoing presence of the illness, people continue to develop.”

Hawai'i's adult mental health service delivery system is based on the concept of recovery, that consumers can lead fulfilling lives even in the presence of a severe and persistent mental illness. Services are focused on the need of the individual, not only on symptom relief and stabilization, but on consumer empowerment and the skills needed to lead satisfying, hopeful and contributing lives.

The goals for community-based case management (“CM”) services described in this RFP include, but are not limited to:

1. Assisting each consumer in developing recovery service relationships with multi-professional treatment team members that include, but are not limited to, a peer-specialist, registered nurse (“RN”), case manager, and psychiatrist or advanced practice nurse with prescriptive authority (“APRN-Rx”).
2. Promoting recovery, vocational, and personal goals and sustaining hope during periods of relapse.
3. Preventing, reducing, or diminishing debilitating symptoms of mental illness and co-occurring substance abuse and medical conditions.
4. Providing rehabilitation and progressive treatment interventions utilizing stages of change, stages of treatment, motivational strategies, and stage-wise case management for multiple co-occurring conditions.
5. Improving or establishing new linkages with a variety of community services and mobilizing the involvement of the consumer's support network.
6. Ongoing engagement of each consumer in treatment through relapse and recovery.
7. Promoting crisis prevention, planning, harm reduction, substance reduction, abstinence, and recovery skill-building.
8. Teaching symptom monitoring and management skills.

9. Helping each consumer to improve their responses to community living by utilizing multi-professional team members to deliver recovery-oriented treatment in natural environments.
10. Providing continuity and coordination of care by: (a) inviting housing and substance abuse treatment providers, primary care physicians, and other service providers to participate in recovery, crisis, and discharge planning when multiple providers are involved in a consumer's care or when the consumer is transitioning to other levels of service or other service provider agencies; and, (b) participating in the recovery, crisis, and discharge planning meetings of other service providers involved in the consumer's care, at the other service providers' request.

D. Description of the target population to be served

Adults with severe and persistent mental illness who meet DIVISION's eligibility criteria.

Due to numerous factors, it is difficult to provide an exact number of consumers to be served. For the purposes of planning, however, the DIVISION anticipates serving approximately 4,500 consumers through the end of 2006. The breakdown per county is as follows:

County	Current 2006
Oahu	3,209
Maui	466
Hawaii	1,372
Kauai	264
TOTAL	5,311

The projections are intended to serve as a very rough estimate based on the DIVISION's current admission criteria and projected growth. The actual number of consumers identified and served through this contract may differ from these estimates, and applicants will need the flexibility to adjust their program staffing accordingly.

E. Geographic coverage of service

Statewide.

Organizations may apply for one (1) or more islands or for specific geographic areas of any island. The applicant shall demonstrate capacity to provide the required services in the service area for which it is applying.

Applicants shall also specify the number of consumers they intend to serve per county and the specific geographical area in which service will be rendered if not county-wide.

F. Probable funding amounts, source, and period of availability

The source of funding is state funds or a combination of state and federal funds. Both profit and non-profit organizations are eligible for state funds. Please note that based on the availability of funds, the amount allocated to providers who are awarded contracts may change.

The DIVISION considers itself the payor of last resort, and expects providers to obtain third party reimbursement as applicable. The DIVISION gives priority to the uninsured.

Start-up costs up to \$2,000.00 will be allowed for the purpose of setting up electronic billing, subject to approval by the DIVISION. Start-up costs should reference the purchase of software that performs the function of creating a Health Insurance Portability and Accountability Act of 1996 ("HIPAA") compliant 837, including optional fields.

The criteria for determining the amount allocated for setting up electronic billing will be based on the applicant demonstrating that they are able to submit 837 compliant claims files including DIVISION optional fields. Where software is being purchased, applicants must submit documentation from the vendor selected which includes the full purchase price of the software and supporting evidence that the software meets required specifications. Direct contact with the vendor to confirm the functionality of the product may be necessary prior to allocation of funds. Should an applicant wish to use the funding to support the costs of modifying an existing billing system, the applicant must obtain prior approval of their project plan. This plan must include milestones which demonstrate that the modifications will be completed in time to meet the electronic billing deadline referenced in this RFP. The plan must also identify personnel resources, describe the modifications planned and estimate the number of hours required to complete the project. Payment would be made upon successful acceptance of an 837 claims file by DIVISION.

The request for start-up costs is optional and not required as part of the proposal application package.

If an applicant materially fails to comply with terms and conditions of the contract, the DIVISION may, as appropriate under the circumstances:

1. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by a provider.

2. Disallow all or part of the cost.
3. Restrict, suspend or terminate the contract.

In the event that the additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

Competition is encouraged among as many applicants as possible.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

1. The DIVISION will require accreditation by the Commission on Accreditation of Rehabilitation Facilities (“CARF”), Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”), International Center for Clubhouse Development (“ICCD”), Council on Accreditation (“COA”), or by another DIVISION approved certification/licensing process. Applicants that are currently accredited are required to maintain accreditation. Applicants who are not accredited are required to achieve accreditation within one (1) year from the date of contract award.
2. Applicants shall have an administrative structure in place capable of supporting the activities required by the RFP. Specifically, there shall be clinical, financial, accounting and management information systems, and an organizational structure to support the activities of the applicant.
3. The applicant shall have a written plan for disaster preparedness.
4. The applicant shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not substantially interfere with the applicant’s service requirements as outlined in this RFP.
5. The applicant shall comply with all specified, applicable existing policies, procedures, directives, and provider manual of the DIVISION and, any applicable policies, procedures, directives, and provider manual developed in the future.
6. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DIVISION. The copy shall be provided at the applicant’s expense with revisions and updates as appropriate.
7. The applicant shall assign staff to attend provider meetings as scheduled by the DIVISION.

8. The applicant shall notify and obtain the approval of the DIVISION prior to the presentation of any report or statistical or analytical material based on information obtained through this agreement. Formal presentation shall include, but not be limited to papers, articles, professional publications, and presentations.

The applicant shall not advertise, distribute, or provide to any consumer, any material relating to the contract that has not been approved by the DIVISION. The applicant shall not change the material without the consent of the DIVISION. All consumer satisfaction surveys and methodology must be reviewed and approved by the DIVISION prior to implementation.

9. Consumer Management Requirements:

- a. Incorporate “best practices/evidence-based practices” in any consumer service.

“Best practices/evidence-based practices” are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for person with severe and persistent mental illness, have literature to support the practices, are supported by national consensus, and have a system for implementing and maintaining program integrity and conformance to professional standards. The DIVISION has developed fidelity scales based on best practices/evidence-based practices for some services. Applicants will be required to incorporate these into their service delivery and cooperate with educational and monitoring activities.

- b. Document evidence of consumer input into all aspects of recovery planning inclusive of service related decisions.
- c. Consumers shall be served in the “least restrictive” environment as determined by the consumer’s level of care assessment, as established in section 334-104, Hawaii Revised Statutes and in any appropriate federal guidelines.
- d. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.
- e. Consumers shall receive services in a manner compatible with their cultural health beliefs, practices and preferred language.
- f. In accordance with Chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the applicant shall respect

and uphold consumer rights. The applicant shall recognize the rights of authority of the consumer in the delivery of services, in deciding on appropriate treatment and services and in providing input into the decisions of all aspects of service. The rights of the consumer are listed in Section 5, Attachment D.

- g. The applicant shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process. The mechanism must be consistent with the DIVISION's Policies and Procedures on Consumer Grievances and Consumer Appeals which are found in Section 5, Attachment E.
- h. The applicant shall provide the DIVISION's Quality Management program, a written record of sentinel events, incidents, grievances, and appeals and efforts to address the situation and improve services on-site.
- i. The applicant shall comply with any applicable Federal and State laws such as title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 C.F.R. part 80, the Age Discrimination Act 1975 as implemented by regulations at 45 C.F.R. part 91, the Rehabilitation Act of 1973, and titles II and III of the Americans with Disabilities Act.
- j. The applicant is required to comply with all HIPAA requirements. The applicant shall describe how they protect confidential information. The applicant shall not use or disclose patient health information (PHI) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The applicant shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the Agreement or by law. The applicant shall not use or further disclose PHI for any purpose other than the specific purposes stated in DIVISION contracts or as provided by law and shall immediately report to DIVISION any use or disclosure of PHI that is not provided by contract or by law.
- k. The applicant shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes, 42 U.S.C. sections 290dd-3 and 290ee.3 and the implementing federal regulations, 42 C.F.R. Part 2, if applicable, and any other applicable confidentiality statute or rule. Such records shall be made available to the DIVISION upon request.
- l. Written consumer consent shall be obtained for individuals and services funded by the DIVISION including:

- 1) Consent for evaluation and treatment;
- 2) Consent to release information by DIVISION funded service providers as needed for continuity of care, including after care services; and
- 3) Other consent documents as needed.

Consumer consent is not required for oversight activities of the DIVISION and its agents, and in the case of Medicaid Rehabilitation Option Services (“MRO”), the Centers for Medicare and Medicaid Services (“CMS”) Office of the Inspector General (“OIG”), the Med-QUEST Division (“MQD”) and their agents.

10. If a subcontractor is used, the applicant shall ensure the DIVISION that they, as the applicant have the ultimate responsibility that subcontractor(s) will provide behavioral health services that meet the criteria of this RFP. Subcontractors must be responsive and responsible to meet the expectations of the applicant and the DIVISION.

11. Financial Requirements

- a. The State may require providers to submit an audit as necessary. If the applicant expends \$500,000 or more in a year of federal funds from any source, it shall have a single audit conducted for that year in accordance with the Single Audit Act and Amendments of 1999, Public Law 104-156.
- b. The applicant shall comply with the COST PRINCIPLES developed for Chapter 103F, HRS and set forth in the document SOP-H-201. This form (SPO-H-201) is available on the SPO website (see the Competitive POS Application Checklist located in the Attachments Section 5 of this RFP).
- c. Eligibility and enrollment is determined through the assessment process by DIVISION assessors. Eligible consumers are:
 - 1) At least 18 years old.
 - 2) Live in Hawaii
 - 3) Have severe and persistent mental illness, be in a state of crisis (short-term services), be victims of natural disasters and terrorism, or court ordered for treatment by the DIVISION.

d. Notification of Changes in Consumer Status.

As part of education conducted by the DIVISION, consumers shall be notified that they are to provide the applicant, through their case manager, with any information affecting their status. The case manager and/or consumers should report changes to their case manager and/or provider. The provider should complete the DIVISION UM Admission/Discharge/Update form and send it to UM. The DIVISION shall describe the information that is to be provided and explain the procedures to be followed through the DIVISION staff and in its printed material. The applicant shall also explain the information and the procedures to be followed by the consumers during the orientation process.

It is expected that not all consumers will remember to or be able to provide information on changes to their status. Therefore, it is important for the applicant to obtain and forward such information to the DIVISION on a timely basis and inform the consumer of his/her responsibility to report changes to their case manager.

The applicant shall notify each case manager and the DIVISION of changes in consumer status by calling or faxing the information to the DIVISION, Utilization Management unit within five (5) calendar days of discovery.

e. Changes in Consumer Status include:

- 1) Death of the consumer
- 2) Change in address, including homelessness
- 3) Change in name
- 4) Change in phone number
- 5) Institutionalization (imprisonment or long term care)
- 6) Short term inpatient psychiatric treatment
- 7) Third Party Liability ("TPL") coverage, especially employer-sponsored, Medicare or Medicaid

f. Disenrollment from DIVISION

Consumers will be disenrolled if they are no longer living in Hawaii, refuse all services that are not court ordered, or are incarcerated.

g. TPL means any individual, entity or Program that is or may be liable for all or part of the expenditures for furnished services. The DEPARTMENT must take all reasonable measures to identify legally liable third parties and treat verified TPLs as a resource of the consumer.

The applicant shall establish systems for eligibility determination, billing, and collecting from all eligible sources to maximize third party reimbursements and other sources of funding before using funds awarded by the DIVISION. The applicant shall bill the DIVISION only after exhausting the third party denial process, when the service is not a covered benefit or when the consumer is uninsured. The applicant shall maintain documentation of denials and of limits of benefit coverage and make these records available to the DIVISION upon request. The DIVISION is the payor of last resort and the applicant shall consider payment from third party sources as payment in full. An annual review and reconciliation of amounts collected from third party payors by the applicant will be conducted and, if needed, adjustments will be made within ninety (90) days either crediting the DIVISION or providing payment to the applicant upon the receipt of a claim.

The Applicant shall:

- 1) Provide a list of service expenses, in the format requested by the DIVISION, for recovery purposes.
- 2) Recover service expenses incurred by consumers from all other TPL resources.
- 3) Inform the DIVISION of TPL information uncovered during the course of normal business operations.
- 4) The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenues.

h. Fraud and Abuse/Neglect

Through its compliance program, the applicant shall identify employees, subcontractors or providers who may be committing fraud and/or abuse. The applicant activities may include, but are not limited to, monitoring the billings of its employees, subcontractors or providers to ensure consumers receive services for which the applicant and the State are billed; monitoring the time cards of employees that provide services to consumers under cost payment arrangements; investigating all reports of suspected fraud and over-billings (upcoding, unbundling, billing for services furnished by others, billing for services not performed, and other over-billing practices), reviewing for over- or under-utilization, verifying with consumers the delivery of services and claims, and reviewing and trending consumer complaints regarding employees, subcontractors and providers.

The applicant shall promptly report in writing to the DIVISION instances in which suspected fraud has occurred within thirty (30) days of discovery. The applicant shall provide any evidence it has on the billing practices (unusual billing patterns, services not rendered as billed and same services billed differently and/or separately). If the billing has not been done appropriately and the applicant does not believe the inappropriate billing meets the definition of fraud (i.e., no intention to defraud), the applicant shall notify the DIVISION in writing of its findings, adjustments made to billings, and education and training provided to prevent future occurrences.

Any suspected case of physical, emotional or financial abuse or neglect of a consumer who is a dependent adult must be reported by the applicant to Adult Protective Services, or of a child to Child Protective Services, and to the DIVISION immediately upon discovery.

- i. All reimbursements for services shall be subject to review by the DIVISION or its agent(s) for medical necessity and appropriateness, respectively. The DIVISION or its agents shall be provided access to medical records and documentation relevant to such a review and the applicant agrees to provide access to all requested medical records/documents. It is the responsibility of the applicant to ensure that its subcontractors and providers also provide DIVISION and its agents, and in the case of MRO services, the CMS, the OIG, the MQD and their agents, access to requested medical records/documents. Reimbursements for services deemed not medically necessary or not following billing guidelines by the DIVISION or its agent shall be denied.

Reimbursements received by applicants for consumers with third party coverage (including consumers with Medicaid and/or Medicare) will be considered full payment (see Section 2.II.11.g.). Any DIVISION overpayments for services shall be recouped by the DIVISION from the applicant.

The DIVISION has final determination in what is considered a necessary, reimbursable service.

j. Medicaid

The MQD under the Department of Human Services (“DHS”) administers medical assistance to qualified, indigent, uninsured and underinsured. Aged, blind, and disabled recipients receive medical, dental, and behavioral health services under Medicaid Fee-for-Service from contracted providers. A large group of Medicaid eligible recipients receive medical and behavioral health services from contracted Medicaid Managed Care Health Plans under the QUEST and QUEST-Net programs. A small population of Medicaid Fee-for-Service, QUEST, and QUEST-Net recipients are enrolled in a behavioral health carve-out program for severely mentally ill adults. This behavioral health carve-out program is contracted by MQD. Some of the services provided to the individuals in the carve-out program are similar or identical to services provided by the DIVISION and consumers enrolled in this program shall receive services through them except for those services not included as a benefit of that program. Section 2.II.A.11.m. describes the MRO and how applicants providing certain services will participate.

- k. The applicant shall submit claims electronically in the HIPAA compliant 837 format unless a waiver permitting use of the CMS 1500 is granted from the DIVISION’s Fiscal Unit. Claims shall be submitted for payment within sixty (60) days of the provision of services. Any invoices or requests for payment received after the sixty (60) days will be paid upon availability of funds. Claims for dates of service over one (1) year prior to submission of the original claim shall be denied for untimeliness.
- l. If the applicant is required to provide encounter data, the HIPAA compliant 837 format shall be utilized to submit that data electronically.
- m. The applicant shall make an application for certification by the DIVISION, as a provider under the MRO within one (1) month of contract award and receive certification within six (6) months of

contract award for MRO services. Providers must maintain certification, and shall have a ninety (90) day period to take corrective action. The DIVISION shall, on behalf of the DHS, certify providers to deliver services under the MRO.

- 1) MRO services are:
 - a) Assertive Community Treatment (ACT);
 - b) Intensive Case Management (ICM);
 - c) Psychosocial Rehabilitation Services (PSR);
 - d) Intensive Outpatient Hospital Services (Partial Hospitalization);
 - e) Therapeutic Living Supports Provided in a Mental Health and/or Substance Abuse Residential Setting (non-IMD) (Specialized Residential Services);
 - f) Licensed Crisis Residential Services (LCRS);
 - g) Crisis Mobile Outreach (CMO);
 - h) Crisis Support Management (CSM);
 - i) Respite Beds; and
 - j) Interim Housing;
- 2) The DIVISION shall be responsible for:
 - a) Certification of Adult Medicaid Rehabilitation Option applicants and providers;
 - b) Utilization Management;
 - c) Receipt and adjudication of claims;
 - d) Development and maintenance of a provider manual;
 - e) Monitoring appropriateness and quality of services and claims;
 - f) Paying providers for services; and

- g) Returning federal share that is disallowed.
- 3) The DHS shall:
 - a) Set rates;
 - b) Pay federal match to the DIVISION; and
 - c) Conduct reviews of claims, encounters and other documentation.

Applicants for services listed as MRO services shall follow the Medicaid Rehabilitation Options requirements for staffing and supervision found in Section 5. Attachment F.

- 12. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.
- 13. Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the applicant, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the applicant and its employees against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of this Agreement. Subcontractors and contractors shall also be bound by this requirement and it is the responsibility of the applicant to ensure compliance with this requirement. Policies shall not be less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually. The applicant shall name the State of Hawaii as an additional insured on all such policies, except on professional liability insurance coverage. The applicant shall provide certificates of insurance to the DIVISION for all policies required under this Agreement.

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

There are no planned secondary purchases.

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Not allowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single

 ☐ Multiple

 ☒ Single & Multiple

Criteria for multiple awards:

Single and multiple contracts may be awarded. A maximum of five (5) contract awards will be made per county, not including contracts for Specialty Teams (i.e. homeless, HIV⁺, etc.). Applicants will need to describe in their proposal what type of Specialty Team they are proposing and why their proposed specialty population requires a Specialty Team.

The state needs the flexibility to award funding to more than one (1) applicant. In the event that more than one applicant's proposal for a service meets the minimum requirements, as evidenced by a score of ninety (90) or greater, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

1. Interest of the State to have a variety of providers in order to provide choices for consumers.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate or resume services.
4. Ability to maximize QUEST funding, if possible.
5. Proposed budget in relation to the proposed total number of service recipients.
6. If funded in the past by the DIVISION, ability of applicant to fully utilize funding.
7. Previous DIVISION contract compliance status (e.g. timely submittal of reports and corrective action plans).
8. Accreditation status.
9. Applicants past fiscal performance based on the DIVISION's fiscal monitoring.
10. Applicants past program performance, based on the DIVISION's program monitoring.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☐ Single term (\leq 2 yrs)

 ☒ Multi-term ($>$ 2 yrs.)

Contract terms:

Initial term of contract:	<u>1 year</u>
Length of each extension:	<u>1 year</u>

Number of possible extensions:	<u>3</u>
Maximum length of contract:	<u>4 years</u>
The initial period shall commence on the contract start date or Notice to Proceed.	
Conditions for extension: Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s) and availability of funds.	

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP. The contact person is Ms. Betty Uyema. She may be reached at (808) 586-4688, fax (808) 586-4745, or email byuyema@amhd.health.state.hi.us.

III. Scope of Work

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

Community-based Case Management (“CM”) services shall be provided for consumers with severe and persistent mental illness by a multi-professional team. Consumers shall generally be assigned to a particular CM service team based upon each consumer’s geographical location and preferences. CM shall access the necessary medical, nursing, social, restorative and rehabilitative services needed to optimize consumer goals and community living. All CM teams shall include the consumer in recovery planning. The consumer shall orient the CM team to their recovery, vocational and other life goals. All CM team members shall be integrally involved in planning for CM activities in order to assure coordination and consistency with changes to the plan related to consumer status or preferences. Specific CM activities shall be assigned to individual CM team members through recovery planning that includes designation of responsibility for service implementation. Specific CM activities shall be assigned to individual CM team members based on each individual’s professional preparation, appropriate licensing, and educational preparation.

The CM program shall:

1. Have a policy that emphasizes a welcoming, empathic and integrated approach to working with individuals with co-occurring substance abuse and mental illness. This policy shall be consistent with the requirements set forth in the DIVISION’s Policies and Procedures on Warm and Welcoming Approach, found in Section 5, Attachment G.

2. Provide treatment in a manner consistent with the most current DIVISION Practice Philosophies and implement treatment models consistent with the Continuous, Comprehensive Integrated System of Care presented in Section 5, Attachment H. Additionally, prescribing staff shall adhere to Mental Illness/Substance Abuse (“MI/SA”) Psychopharmacology Guidelines presented in Section 5, Attachment I.

3. Admission Criteria

Consumers appropriate for CM services shall meet the following criteria:

- a. Consumers meeting the Level of Care Service Criteria for CM presented in Section 5, Attachment J.
- b. Eligible hospitalized consumers and consumers receiving crisis services for longer than one (1) month shall receive CM services in order to support their transition and sustain community living.

4. Discharge Criteria

Consumers shall be discharged from CM services when they meet the following criteria:

- a. The consumer has successfully demonstrated an ability to function in all major role areas without ongoing assistance from CM services.
- b. The consumer moves outside the geographic area of the CM organization’s responsibility. In such cases, the case manager shall arrange for transfer of mental health service responsibility to other CM organizations or to another provider near the consumer’s new location. The transferring CM provider shall maintain contact with each consumer until the service transfer is complete and the consumer is engaged with the new provider. DIVISION’s Policies and Procedures on Continuity of Care (Transitions), presented in Section 5, Attachment K, shall be implemented along with *AACP Continuity of Care Guidelines: Best Practice for Managing Transitions Between Levels of Care*. Components of successful transfer include, but are not limited to, obtaining signed consents to release information to new provider; transfer of necessary documents to new providers upon receipt of signed consent; initial appointments made for the consumer with the new case manager, psychiatrist, and primary care provider; and significant communication and coordination between all involved service providers. At a minimum, communication shall include written or FAX transmittal of documents and telephonic discussion of

recovery plans, psychiatric and medical history and treatment that are significant to the care of each consumer, as well as relevant elements of any pre-existing plans and risk factors.

5. Consumer-Centered Intake, Assessment and Individual Service Planning

The applicant's program shall:

- a. Have intake policies and procedures outlining criteria for eligibility for services.
- b. Ensure that initial face-to-face intake contact shall be made with each consumer within twenty-four (24) hours of referral when the consumer is in a short term crisis stabilization service, within three (3) business days of referral when the consumer is in a hospital, or within five (5) business days of referral from a community provider.
- c. Complete an integrated intake assessment for each consumer referred for CM service. The assessment shall be completed through face-to-face contacts with the consumer and significant others involved in each consumer's treatment and recovery. The assessment shall include, but not be limited to, each consumer's strengths, preferences, abilities, needs, and other current and historical data regarding the consumer's family, social support, cultural influences and medical status including psychiatric illness, substance abuse, legal, employment, education, abuse and neglect issues, and activities of daily living.

Assessments shall be used to develop appropriate individualized recovery plans.

- e. Provide each consumer with a single, individualized, coordinated, master recovery plan, referred to as an Individual Recovery Plan ("IRP") that complies with the requirements of the DIVISION's Policies and Procedures on Recovery (Treatment) Planning, presented in Section 5, Attachment L. There shall be documented evidence of each consumer's input into all aspects of their treatment planning, inclusive of service-related decisions.

Through the IRP, the consumer and the consumer's treatment team shall work together to set goals toward recovery. The IRP shall help each member of the CM team know what the other members are doing to help the consumer. The IRP shall describe psychotherapy, medication, clinical services, general health services, dental services, and living-support services. The IRP shall also

address crisis response and shall include the preferences of each consumer and detail the steps to be taken by the CM team, the consumer, and supports if a crisis occurs. Each consumer's IRP shall guide service delivery even if the consumer changes providers.

The CM team shall include, at a minimum, the consumer, the psychiatrist or APRN-Rx, and the community based case manager. The psychiatrist or APRN-Rx shall have clinical leadership of the CM team and ultimate authority for all clinical decisions. The case manager shall be responsible for coordinating the development of and monitoring the implementation of the IRP and shall act as the communications liaison for the CM team both internally and externally with respect to the IRP. When the consumer has significant medical issues, an RN shall be an included member of the CM team.

6. Outreach

The applicant's program shall:

- a. Offer assertive outreach to engage consumers at their place of choice, consistent with the safety and security of the consumer and the provider.
- b. When outreaching to the consumer, CM services shall be offered in the least intrusive manner possible.
- c. Partnering of CM team members shall be utilized as an option to engage consumers.
- d. Use alternative outreach and engagement approaches in response to varied consumer needs, such as differing cultural backgrounds, life stages, or linguistic needs.

7. Crisis Assessment and Intervention

The applicant's program shall:

- a. Ensure that all CM consumers shall have incorporated into their IRP a Wellness Recovery Action Plan ("WRAP") to assist consumers with plans that promote wellness; identify early signs of relapse; and identify triggering responses to people, places or events that pose a risk for relapse resulting in the need for a higher level of care and/or eviction from programming and housing.

- b. Ensure that each IRP incorporates the expected interventions of the CM team and specify how crisis supports such as crisis mobile outreach and crisis stabilization sites shall be utilized.
- c. Ensure that crisis services shall be provided twenty-four (24) hours per day, seven (7) days per week. If the consumer is in crisis and outreach is needed, a member from the consumer's CM team shall respond face-to-face, in addition to telephone contact.
- d. Provide stabilization in the consumer's environment as soon as possible with needed supports and services in order to minimize the risk of displacement.
- e. Ensure that the CM team leader and psychiatrist or APRN-Rx shall be available by phone or face-to-face to provide crisis consultation.
- f. Ensure that programs shall have active, ongoing collaboration with emergency service providers and the DIVISION.

8. Service Provision

The case manager, under the supervision of the CM team leader and direction of the physician or APRN-Rx, shall ensure that the services listed below shall be provided by a member of the CM treatment team or through other means as identified in each consumer's IRP.

- a. Symptom Assessment and Management including:
 - 1) Ongoing comprehensive assessment of each consumer's mental illness symptoms, accurate diagnosis, and the consumer's response to treatment.
 - 2) Monitoring and, when needed, providing medication administration in addition to supervision, education and consumer support in the administration of psychiatric medications.
 - 3) Providing psychoeducation regarding mental illness and the effects and side effects of prescribed medications.
 - 4) Providing symptom-management assistance to help each consumer identify and target the symptoms and occurrence patterns of his or her mental illness and develop internal, behavioral, or adaptive methods to help lessen the effects of symptoms.

- 5) Providing support to consumers, both on a planned and as needed basis, to help them accomplish their personal goals, to cope with the stressors of day-to-day living, and to recover.
- 6) Ensuring that CM team members shall seek consultation from a qualified mental health professional (“QMHP”) when active symptoms including, but not limited to, suicidal ideation, homicidal ideation, or active psychosis are present.

b. Dual Diagnosis Substance Abuse Services

CM is designated as a Dual Diagnosis Capable-Mental Health (“DDC-MH”) program. DDC-MH service providers shall address dual diagnosis in their policies, procedures, assessments, treatment planning, program content, and discharge planning. Applicants shall have arrangements in place of collaboration and coordination with other substance abuse treatment services. In addition to providing mental health treatment, applicants shall be able to provide basic substance abuse identification and treatment. DDC-MH staff shall be able to assess stage and readiness for change, but their primary focus is mental health. In providing DDC-MH services, the applicant shall ensure that:

- 1) The CM team shall use the DIVISION’s approved tools for screening, assessment, and reporting co-occurring data.
- 2) Program and service design and implementation shall be provided in a manner consistent with the most current version of the DIVISION’s MI/SA Principles and Treatment Guidelines for Co-Occurring disorders as well as culturally-specific approaches such as Hawaiian healing approaches for those consumer who may prefer or benefit from such an approach.
- 3) A psychiatrist or APRN-Rx associated with the applicant shall provide psychiatric services consistent with DIVISION’s MI/SA Psychopharmacological guidelines.

c. Activities of Daily Living

The applicant shall provide services to support activities of daily living in community-based settings. These services shall include individualized assessment; problem solving; sufficient side-by-side assistance and support; skill training; ongoing supervision using

prompts, assignments, monitoring, and encouragement; and environmental adaptations to assist consumers to gain or use the skills required to:

- 1) Find housing which is safe, of good quality, and affordable. This may include apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing, and decorating, and procuring necessities such as telephones, furnishings, and linens.
- 2) Perform household activities including house cleaning, cooking, grocery shopping, and laundry.
- 3) Carry out personal hygiene and grooming tasks, as needed.
- 4) Develop or improve money-management skills.
- 5) Use available transportation.
- 6) Have and effectively use a personal physician and dentist.

d. Social/Interpersonal Relationship and Leisure-Time Skill Training

The applicant shall provide services to support social/interpersonal relationships and leisure-time skill training. Such services include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social skill teaching and assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities.

These services shall be designed to help consumers:

- 1) Structure their time;
- 2) Increase their social experiences;
- 3) Have opportunities to practice social skills and receive feedback and support;
- 4) Improve their communication skills;
- 5) Develop assertiveness and increase self-esteem;
- 6) Develop social skills, increase social experiences, and develop meaningful personal relationships;

- 7) Increase social experiences with informal support groups including cultural and/or religious groups;
- 8) Plan appropriate and productive use of leisure time;
- 9) Relate to landlords, neighbors, and others effectively; and
- 10) Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities.

e. Support Services

The applicant shall provide support services or direct assistance to ensure that consumers obtain the basic necessities of daily life including, but not limited to:

- 1) Medical and dental services;
- 2) Safe, clean, and affordable housing;
- 3) Financial support and/or benefits counseling (e.g., SSI, SSDI, Food Stamps, Section 8, Vocational Rehabilitation);
- 4) Social services;
- 5) Transportation; and
- 6) Legal advocacy and representation.

f. Education, Support, and Consultation to Consumers' Families and Other Major Supports

The applicant shall provide the following services to consumers' families and other major supports, with consumer agreement or consent:

- 1) Individualized psychoeducation about the consumer's illness and the role of the family and other significant people in the therapeutic process;
- 2) Intervention to restore contact, resolves conflict, and maintains relationships with family and/or other significant people;
- 3) Ongoing communication and collaboration, both face-to-face and by telephone;

- 4) Introduction and referral to family self-help programs and advocacy organizations that promote recovery;
- 5) Assistance to consumers with children including, but not limited to, individual supportive counseling, parenting training, and service coordination;
- 6) Services to help consumers throughout pregnancy and the birth of a child;
- 7) Services to help consumers fulfill parenting responsibilities and coordinate services for the child/children; and
- 8) Services to help consumers restore relationships with children who are not in the consumer's custody;

g. Culturally and Linguistically Appropriate Services

The applicant shall provide culturally and linguistically appropriate services to:

- 1) Ensure that consumers receive effective, understandable, and respectful care from all applicant staff. Care shall be provided in a manner compatible with each consumer's cultural health beliefs, practices and preferred language.
- 2) Assess the need for interpreter services for consumers with limited English proficiency, as well as sign language services for consumers who are deaf or hearing impaired, and request authorization and referral for interpreter services from DIVISION's UM staff when such services are needed.
- 3) Implement strategies to recruit, retain, and promote a diverse staff that is representative of the demographic characteristics of the service area.
- 4) Ensure that staff at all levels and across all disciplines receive annual, DIVISION-approved, training in cultural competency.

9. Advocacy, Liaison and Collaboration

The applicant's program shall meet the following requirements:

- a. The program shall develop partnerships or service agreements with other agencies, community services, or primary care providers to

ensure continuity of service provision. The CM team leader and psychiatrist or APRN-Rx shall provide added support and intervention when needed to assure that collaborative care is provided to the consumer.

- b. The case manager shall be knowledgeable about services that are accessible and relevant to consumer interests in order to provide up-to-date information.
- c. The case manager must also advocate on behalf of the consumer, for services that are accessible and relevant to each consumer's needs.

10. Somatic Treatments

The applicant's program shall meet the following requirements in the provision of somatic treatments:

Services shall be provided by a licensed psychiatrist or APRN-Rx in behavioral health, to assess, evaluate, prescribe, and monitor medications for the treatment of psychiatric disorders including the impact on co-occurring conditions. This shall include medication review and administration services provided by a RN under the supervision/order of a physician. This service shall also include visits for the purpose of prescribing medication, as well as medication refills or dosage regulation.

The applicant shall ensure that each consumer's medical illnesses are under care in the least restrictive environment with the necessary case management and other community supports available. This shall include, but is not limited to, consumers receiving medication administration on a daily basis, crisis plans inclusive of medical conditions, and timely follow-up on medical conditions. The RN shall work with the consumer and their support system on management of symptom distress, development of wellness responses to co-morbid conditions, and development of CM team skills to manage complex health conditions.

11. Program Operations

The applicant's program shall meet the following standards:

- a. Size and Intensity
 - 1) A CM team shall serve a maximum of three hundred (300) consumers. This capacity limit provides allowances for consumers who choose to see a private psychiatrist in the

community or with the CENTERS without impacting on the ratios of other members of the CM team.

- 2) Each case manager who meets the minimum education requirement with a high school diploma/GED will count as two (2) FTE Bachelor's level or higher case managers for the purpose of determining the number of case managers each team leader may supervise. In other words, the number of case managers that a team leader may supervise must be reduced by one (1) case manager for every case manager with a high school diploma/GED on the CM team. This requirement is intended to ensure that team leaders have sufficient time to conduct the additional clinical supervision/observation and record review necessary. Example: If a typical team size is ten (10) case managers per team lead, the organization must reduce the team size to nine (9) case managers if one of the case managers meets the minimum qualification with a high school diploma/GED (8 Bachelor's level or higher case managers plus one (1) high school/GED level case manager), to eight (8) case managers if two (2) of the case managers have a high school diploma/GED (6 Bachelor's level or higher plus two (2) high school diploma/GED case manager).
- 3) At any given time, at least seventy-five percent (75%) of the total number of case managers employed by or contracted by an organization to serve DIVISION consumers must be at least Bachelor's degreed individuals with at least one and a half (1 ½) years of experience. DIVISION will consider granting an exception to the seventy-five percent (75%) rule, on a case-by-case basis, to providers primarily serving geographic areas with a proven shortage of qualified Bachelor's degreed and experienced case managers. Applicants must submit documentation demonstrating their efforts to recruit, hire, and retain sufficient numbers of Bachelor's degreed and experienced case managers, the number of open positions and length of time positions have remained open, and any other documentation that may demonstrate a shortage of qualified individuals in the geographic area served by the provider in order to be considered for an exception.
- 4) The case manager to consumer ratio shall not exceed 1:30. This ratio assumes a caseload mix of consumers with varying needs and that the majority of the consumer

population of the caseload is relatively stable and in active stages of recovery.

- 5) The individual caseload of the team leader shall be reduced by twenty-five percent (25%) for every case manager they supervise who meets the minimum education qualification with a high school diploma/GED.
- 6) The psychiatrist or APRN-Rx to consumer ratio shall not exceed one (1) FTE psychiatrist or APRN-Rx position to two hundred (200) – two hundred fifty (250) consumers.
- 7) The RN and peer specialist to consumer ratio shall not exceed one (1) FTE RN and one (1) FTE peer specialist position to one hundred fifty (150) consumers.
- 8) Service provision shall be focused in the community and not the office.
- 9) Service provision shall be managed in a manner that responds to fluctuations and varied needs of each consumer. The program shall make necessary accommodations to ensure that the intensity of service and contact necessary for community tenure is provided. The CM team leader shall ensure that the consumer to case manager ratio is appropriate so that all consumers will be provided with the intensity of care that is needed.
- 10) Each consumer shall be contacted by the case manager face-to-face at least once per month and as frequently as needed in order to meet the needs of the consumer. The applicant shall use the following guidelines in determining frequency of case manager contact with the consumer.
 - a) Consumers seen one (1) time per month are those who have had stability as measured by no recent hospitalization or emergency room visit; continued decrease in frequency and duration of crisis episodes; and has increased personal independence.
 - b) Consumers who may require more frequent face-to-face contact, such as on daily or weekly basis, would be those who are still needing assistance with entitlements; have been recently discharged from the hospital; have recently experienced a significant clinical change; have had a recent emergency room

visit; are at risk for losing housing or are homeless;
have experienced decreased or no treatment
participation; or have relapsed into substance use.

b. Hours of Operation

- 1) The applicant's program shall provide services to consumers during day and evening hours between 7:30 A.M. – 9:00 P.M. Services shall be provided seven (7) days per week including holidays. Service hours shall be based on consumer needs.
- 2) Crisis and emergency services shall be provided by the case manager or a member of the CM program twenty-four (24) hours per day either by telephone or face-to-face for crisis response. In the event a consumer is in need of crisis outreach, face-to-face contact will be made by a member of the CM team.
- 3) Written protocols shall be established that describe how consumers will access service/support outside of normal business hours, seven (7) days per week. The services that will be available after normal business hours and the "after hours" CM contact information shall be documented in each consumer's WRAP as part of their crisis plan. At a minimum, the crisis plan will include warning signs for relapse, the interventions from consumer and treatment team that will be executed in order to prevent a crisis, and the interventions that will be implemented when a crisis occurs.
- 4) The applicant's program shall provide the DIVISION's ACCESS Center with a copy of this protocol and any additional information necessary to manage a consumer's crisis, upon request.

c. Team Communication

- 1) CM team members shall be required to meet at least two (2) times per week to conduct a case review of the consumers that they are serving. Within a two (2) week period of time, all consumers' status shall be reported.
- 2) Other individuals or agencies providing services to the consumer (e.g. housing provider, homeless provider, representative payee, substance abuse treatment provider,

and primary care physician) shall be invited to participate in recovery team planning meetings.

d. Staff Supervision

The applicant's CM team leader and psychiatrist shall be responsible for supervising and directing all staff activities.

The CM team leader shall provide and document clinical supervision at least three (3) times per month RN, peer specialist and case manager, who meet the minimum requirements with a Bachelor's degree or higher.

Clinical supervision shall utilize a combination of the following methods:

- 1) Individual, side-by-side sessions in which the CM team leader accompanies an individual staff member to meet with consumers in regularly scheduled or crisis meetings to assess staff performance give feedback, and model alternative treatment approaches.
- 2) Participation with CM team members in organizational staff meetings and regularly scheduled IRP meetings to review and assess staff performances and provide staff direction regarding individual consumers.
- 3) Regular meetings, with individual staff to review their work with consumers, assess clinical performance, and give feedback on documentation such as progress notes, assessments, IRPs and reviews.

The clinical supervision requirements for case managers who meet the minimum education qualification with a high school diploma/GED shall be as follows:

- 1) Direct clinical supervision shall be provided by a Qualified Mental Health Professional ("QMHP").
- 2) Clinical supervision with the QMHP shall occur, at minimum, in weekly individual sessions.
- 3) In addition to weekly clinical supervision by the QMHP, a side-by-side observation session with the Team Leader or RN, in which the team leader/RN accompanies the case manager to meet with a consumer, will be required at least

once (1) per month. Observations will rotate through the case manager's caseload so that the team leader/RN will observe the case manager with each consumer on their caseload over time.

- 4) All recovery plans and clinical record notes will be co-signed by the QMHP.

B. Management Requirements
(Minimum and/or mandatory requirements)

1. Personnel

The PROVIDER's personnel requirements for staff providing CM shall include, but are not limited to, the following:

- a. The CM team leader shall be a QMHP or a mental health professional ("MHP"). If the team leader is a MHP, the CM team leader shall be supervised by the PROVIDER's QMHP. The CM team leader shall provide general supervision to the CM program. The definition and role of the QMHP and MHP are defined in Section 5, Attachment F.
- b. The psychiatrist shall be board certified or board eligible, licensed to practice in the State of Hawaii and have a minimum of one (1) year of experience working with individuals with severe and persistent mental illness. In geographic areas with a demonstrated shortage of qualified psychiatrists, an APRN-Rx may assume clinical leadership and responsibility for the CM program in place of a psychiatrist. When used, the APRN-Rx must be certified in mental health by the American Nurses Credentialing Center and have a minimum of three (3) years of experience working with severe and persistent mentally ill adults. If the psychiatrist or APRN-Rx is not on site during working hours, he/she shall be available by phone. A psychiatrist or APRN-Rx shall also be available twenty-four (24) hours per day, seven (7) days per week for psychiatric crises and emergencies.
- c. When the CM program exceeds sixty (60) consumers, a RN shall be required. The RN shall be licensed to practice in the State of Hawaii and have a minimum of two (2) years of experience, preferably in mental health. The RN shall provide medical assessments, basic health care, education, coordination of medical needs, and psychotropic and medical medication administration.

The RN shall have an active role in the provision of case management and rehabilitation services that shall include, but are not limited to:

- 1) Psychoeducation regarding mental illness and other co-occurring illnesses and the effects and side effects of prescribed medications.
 - 2) Symptom-management efforts directed to help each consumer identify/target the symptoms and occurrence patterns of his or her mental illness and develop internal, behavioral, or adaptive methods to help lessen the effects.
 - 3) Developing step-wise case management plans for co-occurring medical conditions.
 - 4) Arranging for medication administration in natural environment (e.g., insulin, other meds) when required.
- d. CM functions shall be provided by a QMHP, MHP or a Case Management Specialist (“CMS”). The definition and role of the CMS is defined in Section 5, Attachment M.
- e. Peer Specialists shall have, at a minimum, a high school diploma or a GED, have one (1) year in recovery, and be certified as a peer specialist by the DIVISION.

The peer specialist shall have an active role in the provision of rehabilitation services, including:

- 1) Providing consultation to the treatment team and consumer in recovery planning;
 - 2) Assisting consumers to develop and update their WRAPs; and
 - 3) Teaching consumers recovery skills and reinforcing behaviors that support health.
- f. The organization shall have a consistently applied, documented method for measuring staff competencies which include:
- 1) Staff proficiency in treating individuals with a co-occurring substance use disorder using a DIVISION tool or a tool approved by the DIVISION.

- 2) Staff competency in providing warm, empathic approaches in dealing with consumers using a DIVISION tool or a tool approved by the DIVISION.
 - 3) Staff competencies related to knowledge, skills and attitude required to deliver effective community based recovery management services as they relate to the needs of the consumer being served.
- g. The applicant shall submit position descriptions as a part of their response to the RFP for direct care and supervisory staff responsible for the delivery of services as indicated in Section 3.III.A. Position descriptions shall include the minimum qualifications, including experience for staff assigned to the service.
- h. The applicant shall submit an organization-wide and program-specific organization chart as part of their response to the RFP for direct care and supervisory staff. The program-specific chart shall show the position of each staff and the line of responsibility including clinical and administrative supervision.
- i. The applicant shall ensure and document that all staff receive appropriate and regular clinical and administrative supervision at least three (3) times a month. Clinical supervision shall utilize a combination of the following methods:
- 1) Individual, side-by-side sessions.
 - 2) Participation with staff in organizational staff meetings and regularly scheduled IRP meetings.
 - 3) Regular meetings with individual staff to review their work with consumers, and assess clinical performance.
- j. The applicant shall ensure and document that its personnel receive appropriate education and training in techniques and modalities relevant to their service activity for the treatment and rehabilitation of individuals with mental illness, following the organization's policy and procedures.
- k. The applicant shall ensure that all of its personnel attend trainings sponsored or required by the DIVISION, as appropriate to the service(s) they are providing. Training shall include compliance with DIVISION requirements for fraud and abuse prevention.

1. The applicant shall ensure that all case managers and team leaders obtain, at minimum, sixteen (16) hours of continuing education and training units each year. Continuing education and training units may be obtained through attendance at DIVISION sponsored trainings, or those sponsored by other professional organizations.

2. Administrative

- a. Services shall be authorized by the DIVISION's utilization management process, by prior authorization or registration, and in accordance with the DIVISION's processes as outlined in current DIVISION policies and procedures and directives from the DIVISION Chief. It is the responsibility of each program to understand and follow these policies, procedures, and directives in order that reimbursement can be approved by the DIVISION. Authorization of services is not a guarantee of payment.
- b. The applicant shall accept all referrals deemed appropriate by the DIVISION's utilization management process. If the applicant is unable to meet the needs of the referral, the applicant shall work conjointly to find an alternate approach that will adequately meet the needs of the referred case.
- c. Each consumer's entire treatment team shares responsibility for coordination and continuity of the consumer's care, regardless of the service, setting or provider. However, the case manager shall be responsible for coordinating the development of and monitoring the implementation of the IRP and shall act as the communications liaison between team members and service providers with respect to the IRP.
- d. All consumers shall be registered for services and have a record open within the DIVISION'S information system. When requested by the DIVISION, the applicant shall obtain and provide the information necessary to register, open and monitor services received. Applicants shall also report all required information when cases are closed or consumers transferred to another level of care within one (1) working day of such action. All recipients shall be registered with the DIVISION and authorized for services as appropriate.
- e. The applicant shall cooperate with the coordination and the transition of services for newly enrolled consumers with the consumer's current DIVISION provider, Medicaid fee-for-service provider, Community Care Services ("CCS"), and/or a QUEST

health plan, since many of the eligible consumers already have an established behavioral health care provider.

Individuals who are receiving services from the Child and Adolescent Mental Health Division (“CAMHD”), and will no longer be eligible for services (age 21) with CAMHD, will also need to be transitioned to the DIVISION, if determined to meet DIVISION eligibility criteria, or back to their QUEST health plan or Medicaid fee-for-service if they are determined to no longer meet DIVISION criteria for continued enrollment.

If the consumer is to be enrolled in the DIVISION from a QUEST health plan, CAMHD, fee-for-service program, or CCS, the disenrolling program and the applicant shall equally assist the consumer in the transition process.

- f. All providers shall submit a rate schedule which outlines charges made to consumers for service(s) rendered.

DIVISION consumers shall not be charged finance charges, co-payments for services, or no-show fees. Consumers shall be informed that they cannot be terminated by the applicant for non-payment of co-payments, finance charges, no-show fees, and non-covered services or for receipt of services from unauthorized applicant employees or providers.

3. Quality assurance and evaluation specifications

- a. The purpose of quality management is to monitor, evaluate, and improve the results of the applicant’s services in an ongoing manner. Quality care includes, but is not limited to:
 - 1) Provision of services in a timely manner with reasonable waiting times;
 - 2) Provision of services in a manner which is sensitive to the cultural differences of consumers;
 - 3) Provision of services in a manner which is accessible for consumers;
 - 4) Opportunities for consumers to participate in decisions regarding their care;
 - 5) An emphasis on recovery;

- 6) Appropriate use of services in the provision of care;
 - 7) Appropriate use of best practices and evidence-based practices;
 - 8) Appropriate documentation, in accordance with defined standards;
 - 9) Improved clinical outcomes and enhanced quality of life;
 - 10) Consumer satisfaction;
 - 11) User friendly grievance procedures which resolve issues in a timely manner; and
 - 12) Upholds consumer rights.
- b. The applicant's quality management program shall include, at a minimum, the content indicated in Section 3, II.C.
- c. The applicant shall participate in the DIVISION's continuing quality management program and activities as directed by the DIVISION. The applicant shall ensure that a staff member be available to participate in system-wide quality management meetings as scheduled by the DIVISION.
- d. The Quality Management reporting requirements provide:
- 1) Information on the activities and actions of the applicant's Quality Management and related programs; and,
 - 2) Performance measures.
- The objectives of the performance measures are:
- 1) To standardize how the applicant specifies, calculates and reports information; and
 - 2) To trend an applicant's performance over time and to identify areas with opportunities for improvement.
- e. Required Quality Management Activities Reports
- The applicant shall provide the following reports and information:
- 1) Annual consumer satisfaction survey report;

- 2) Written notification of any Quality Management Program (if written Program required) modifications;
- 3) Senior personnel changes, including professional staff/consultants, within thirty (30) calendar days of change;
- 4) On a monthly basis, awardees will be required to submit to DIVISION the education and experience qualifications of all new case management hires who possess a high school diploma or GED. If case management agencies are reimbursed for case management services provided by a case manager who does not meet the minimum qualifications of a Case Management Specialist, the agency will be required to refund to the DIVISION any money received for these services.
- 5) Annual Quality Management Program evaluation if written Quality Management Program required;
- 6) Written request for approval of any delegation of quality management activities to subcontractors and providers;
- 7) Written notification of lawsuits, license suspensions, and revocation to provide Medicaid or Medicare services, or other actions brought against the applicant, employees, subcontractors or providers as soon as possible, but no later than five (5) working days after the applicant is made aware of the event;
- 8) Notice to Utilization Management of consumer admission and discharge from services or change in level of care in writing within one (1) working day of such action;
- 9) Written notification of suspected fraud within thirty (30) calendar days of discovery, and of consumer abuse and neglect immediately upon discovery;
- 10) Report of the Quality Management activities conducted quarterly. At a minimum these reports shall include the following:
 - a. Number of cases selected for quality of care reviews and medical record documentation. Minimum data for each case selected for review shall include (1) sample of records reviewed; (2) findings; (3)

actions taken, if applicable; and (4) progress toward meeting performance goals established by agency Quality Management Committee.

- b. Aggregated report of any suspected consumer, employee, subcontractor, or provider fraud and the status of any investigations.
- c. Participation with monitoring activities designated by the DIVISION.
- d. Direct care staff and provider to consumer ratios.
- e. Direct care staff and provider turnover rates.
- f. A report on consumer grievances and appeals. Minimum data for each case shall include: (1) date of grievance or appeal; (2) date of service; (3) type of service; (4) consumer name, age, diagnosis; and (5) date of resolution.
- g. Sentinel events.

4. Output and performance/outcome measurements

The applicant shall be required to meet ongoing informational needs of the DIVISION over the course of the contract period through the production of informational responses in both paper and computer format. The specific content of these requests cannot be readily specified in advance as the DIVISION is required to provide a variety of ad hoc reports to funding sources including the legislature and other branches of State government, as well as to national tracking and research groups, the Federal government, advocacy organizations, accreditation bodies, professional groups, stakeholder groups, and others. Regular requests for information to the applicant shall occur in the following areas, including consumer demographics, consumer needs, clinical and service information including encounter data, staffing and capacity patterns, risk management areas, consumer outcomes, regulatory compliance, organizational processes, resource utilization, and billing and insurance areas. The DIVISION will work with the applicant over the contract period to streamline requests for information when those requests are regular and ongoing.

5. Experience

Staff must meet minimum qualifications as prescribed in this RFP.

6. Coordination of services

Refer to the Introduction, Section B, Description of the Goals of the Service and Service Activities, Section 2, III.A.

7. Reporting requirements for program and fiscal data

- a. Reports shall be submitted in the format and by the due dates prescribed by the DIVISION.
- b. The required content and format of all reports shall be subject to ongoing review and modification by the DIVISION as needed.
- c. At the discretion of the DIVISION, providers may be required to submit reports in an approved electronic format, replacing some written reports.

8. Contract Compliance

The State performs periodic reviews, including validation studies, in order to ensure contract compliance. The State is authorized to impose financial penalties if the data is not provided timely and accurately.

The DIVISION reserves the right to request additional data, information and reports from the applicant, as needed, to comply with external requirements and for its own management purposes.

1) Timeliness of Data Submitted

All information, data, medical records, and reports shall be provided to the DIVISION by the specified written deadlines. The applicant shall be assessed a penalty of \$200.00 per day until the required information, data, medical records, and reports are received by the DIVISION. If the applicant will not be able to comply with the request, the applicant may ask for an extension in writing with an explanation to justify the extension. The DIVISION reserves the right to determine if an extension is acceptable and set a new date for submission.

The applicant, shall in turn, sanction its subcontractors and providers if the required information, data, medical records, and reports are not provided to the applicant within the timeframe established by the applicant.

2) Accuracy and Completeness

The information, data, medical records, and reports provided to the DIVISION shall be reasonably accurate and complete. Data and reports shall be mathematically correct and present accurate information. The applicant shall be notified within thirty (30) calendar days from the receipt date of the initial submission of any information, data, medical records, and reports that do not appear to be accurate and complete. The applicant shall be given thirty (30) calendar days to correct the errors or provide documentation to support the accuracy of the initial submission. If at the end of the thirty (30) calendar days the new submission continues to not be accurate or complete, a penalty will be assessed.

9. Pricing structure or pricing methodology to be used

The pricing structure is based on fixed unit of service rate. If a state purchasing agency is utilizing a fixed rate pricing structure for the RFP, the applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

10. Units of service and unit rate

<u>Billing Code</u>	<u>Services</u>	<u>Rate</u>
H2015	CM Services	\$20.25 per fifteen (15) minutes, of face-to-face contact, per consumer
H2015 HT	CM Treatment Planning Meeting with Kahi Mohala and Hawaii State Hospital	\$20.25 per fifteen (15) telephonic minutes per consumer
H2015 U1	CM Case Assessment	\$20.25 per fifteen (15) minutes, per consumer
H2015 U2	CM Treatment Planning	\$20.25 per fifteen (15) minutes, per consumer
H2015 U3	CM Collateral Contact without consumer contact	\$20.25 per fifteen (15) minutes, per consumer
H2015 U5	CM Telephonic Consultation with consumer	\$20.25 per fifteen (15) telephonic minutes, per consumer
H0023	CM Behavioral Health Outreach without consumer contact	\$20.25 per fifteen (15) minutes, per consumer
H0038	Self Help/Peer Specialist	\$13.75 per fifteen (15) minute unit*

*This service cannot be billed in conjunction with any other service provided by the same organization for a consumer at the same time.

Licensed Psychiatrist

90801	Psychiatric Diagnostic Interview Examination	\$119.24
90804	Individual Psychotherapy (20-30 minutes)	53.24
90805	Individual Psychotherapy with E/M (20-30 minutes)	59.40
90806	Individual Psychotherapy (45-50 minutes)	81.53
90807	Individual Psychotherapy with E/M (45-50 minutes)	86.33
90846	Family Psychotherapy w/o patient	81.69
90847	Family Psychotherapy w patient	94.46
90849	Multiple Family Group Psychotherapy	28.98
90853	Group Psychotherapy	29.34
90862	Medication Management	44.49
90870	Electroconvulsive therapy **	81.06
90871	Electroconvulsive therapy **	118.25
99362	Joint Treatment Planning	97.17

Licensed Advance Practice Registered Nurse in Behavioral Health

90801	Psychiatric Diagnostic Interview Examination	\$89.43
90804	Individual Psychotherapy (20-30 minutes)	39.93
90805	Individual Psychotherapy with E/M (20-30 minutes)	44.55
90806	Individual Psychotherapy (45-50 minutes)	61.15
90807	Individual Psychotherapy with E/M 45-50 minutes)	64.75
90846	Family Psychotherapy w/o patient	61.27
90847	Family Psychotherapy w patient	70.85
90849	Multiple Family Group Psychotherapy	21.73
90853	Group Psychotherapy	22.00
90862	Medication Management	33.37

Clinic Services

90782	Therapeutic Injection	\$5.00
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*Psychological testing requires prior authorization.

** ECT services are limited to a hospital setting and must be pre-authorized by UM.

11. Method of compensation and payment

Providers shall be compensated for case management services, in accordance with the Fees described above, upon monthly submission of claims identifying the services performed for DIVISION consumers.

Section 2., I., F., describes provisions for an initial payment of up to \$2,000.00 for the purpose of setting up electronic billing systems.

IV. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, the applicant shall describe plans to secure facilities and the general prospective geographical locations which they will be exploring. The applicant shall also describe how the facilities meet Americans with Disabilities Act (ADA) requirements, as applicable; comply with HIPAA requirements for maintaining the privacy and confidentiality of protected health information (PHI); and describe any provisions for special equipment that may be required for the service.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts, including references, pertinent to the proposed services. The applicant shall include points of contact, addresses, e-mail addresses, and phone numbers. The State reserves the right to contact references to verify experience. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

Quality assurance shall include, but not be limited to, the following elements:

1. A written Quality Management Program description and outlined structure which includes the Quality Committee reporting structure, including Governing Board Involvement, voting composition, and a written process for goal and priority setting following standardized methodology and data collection, which is updated and signed annually.
2. The Quality Management Program must address consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.
3. The Quality Management Program must have a system or policy that outlines how items are collected, tracked, reviewed analyzed and reported to the DIVISION as appropriate.
4. The Quality Management Program Work Plan is established annually and selects goals and activities that are based on the annual program evaluation and are relevant to the DIVISION consumer and problem area under review, with designated timelines for the project and indicates department/persons responsible for carrying out the project(s) on the Work Plan.

5. Provision for the periodic measurement, reporting, and analysis of well-defined output, outcome measures and performance indicators of the delivery system, and an indication of how the applicant will use the results of these measurements for improvement of its delivery system.
6. A process of regular and systematic treatment record review, using established review criteria. A report summarizing findings is required. Additionally, the applicant shall develop a written plan of corrective action as indicated.
7. Provision of satisfaction surveys of consumers.
8. Assurance that a staff member shall be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.
9. Provision of a utilization management system, including but not limited to the following: a) system and method of reviewing utilization; b) method of tracking authorization approvals; c) method of reviewing invoices against authorizations; d) consumer appeals process; e) annual evaluation of the applicant's utilization management plan; and, g) identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.
10. A policy and procedure for consumer complaints, grievances and appeals which includes documentation of actions taken, and demonstration of system improvement.
11. Assurance that the applicant has established and will maintain and regularly update the following QM policies and procedures:
 - a. Consumer complaints, grievances and appeals
 - b. Consumer Safety
 - c. Consumer Satisfaction
 - d. Disaster preparedness
 - e. Emergency Evacuation
 - f. Evidence Based Practice Guidelines
 - g. LOCUS/Level of Care Placement
 - h. Compliance

- i. Consumer Rights and Orientation
 - j. Confidentiality/HIPAA
 - k. Treatment Records
 - l. Individualized Service Plans
 - m. Transition of consumers to other programs
 - n. Treatment Team
 - o. Use of Restraints
 - p. Restricting Consumer Rights
 - q. Credentialing Staff
12. A training plan and staff handbook/personnel manual for staff that is responsible for delivery of services. Training shall include but not be limited to: Substance Abuse, Forensics, Sentinel Events, Risk Management, Compliance, HIPAA Compliance, Consumer Rights, Treatment Planning, and Access and Treatment for Non-English Speaking Consumers. Training plans shall also include plans for continuing education of all staff involved in the provision of services.
 13. A consumer handbook/brochure(s) that outline services available to the consumer, hours of operations, contact information (phone numbers, and instructions on emergency services), is written at a 6th grade reading level, provides an overview and the applicant's approach to care, and clearly outlines any major program rules that could lead to discharge from services offered by the organization.
 14. A description of the steps that the applicant will take to comply with all of the DIVISION'S reporting requirements as specified in Section 2. III. B. 2., 4., and 7. The applicant shall also indicate how it will use the information in the report to improve its services.
 15. Where there is an intention to subcontract, the applicant must demonstrate that services provided by the subcontractor are consistent with all applicable requirements specified in Section 2 including, but not limited to, compliance with reporting requirements. The applicant must describe the monitoring it will perform to ensure subcontractors are compliant with the DIVISION requirements.

16. For applicants whose annual contract or estimated reimbursements will be less than \$100,000.00 or whose staff number five (5) or less, a modified Quality Management and Utilization Management Plan are acceptable with prior approval from the DIVISION. A modified quality and utilization management system shall include the following:
 - a. A method for tracking authorizations.
 - b. A method for assuring that consumers are informed of their rights, including the right to file a complaint, grievance, or appeal a service delivery decision.
 - c. A method of documenting goals and service activity as they relate to the Individual Service Plan developed by the DIVISION designated case manager and consumer.
 - d. Consumer involvement in service planning.
 - e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.
 - f. Identification of fiscal and program contact person.
17. For services described in this RFP, a statement that the applicant shall participate with the DIVISION'S quality and utilization management process including, but not limited to, case reviews, specific data gathering and reporting, peer review, concurrent review, site visitation, special studies, monitoring, credentialing, and training.

D. Coordination of Services

The applicant shall demonstrate the capability or plan to coordinate services with other agencies and resources in the community, if required in the RFP.

Demonstration or plan of the applicant's coordination efforts shall include, but not be limited to, the following:

1. A history of the applicant's cooperative efforts with other providers of mental health services.
2. Memorandum of agreements with other agencies (if required in the RFP).
3. Applicant's current efforts to coordinate with the DIVISION, CENTERS, HOSPITAL, and other POS providers, and where there is no current coordination, the applicant's plans to do so.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities and the proposed geographic location. Also describe how the facilities meet ADA requirements, as applicable and special equipment that may be required for the services.

F. Management Information System (MIS) Requirements

The applicant shall submit a description of its current management information system (MIS) and plans for the future. The description shall include, but not be limited to, the following:

1. A statement about whether the applicant is a covered entity as defined by HIPAA. A statement that the applicant will comply with all HIPAA privacy, security and transactional code set requirements.
2. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, middle name, any aliases, social security number, DIVISION-generated unique ID number, DIVISION-generated authorization number(s), Medicaid ID#, medicare ID#, other third party insurer #'s, address, telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, and gender, primary language spoken.
3. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.
4. For any Fixed Unit of Service Rate contracts, a statement that the applicant shall submit claims electronically in the 837 format.
5. Where infrastructure is lacking to meet MIS requirement, applicants shall propose solutions and include the proportion of cost related to this contract in their response to the RFP.

III. Project Organization and Staffing**A. Staffing****1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. The applicant shall give the number and title of the positions needed to provide the specific service activities. Positions descriptions shall also be submitted. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall describe in this section of its proposal how it will ensure its compliance with the personnel requirements which include, but are not limited to, licensure, educational degrees, and experience for staff assigned to the program. (Refer to the qualifications in Service Specifications, as applicable.)

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

A. Scope of Work

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The applicant’s description of its service delivery system shall include, but not be limited to, the following:

1. A clear description of the services for consumers from point of entry to discharge, aftercare and follow-up. The description must be consistent with the scope of work found in Section 2.III.A. and with the personnel

requirements in Section 2, III.B.1. Services proposed to be subcontracted out must be included in this description.

2. A clear description of the target population to be served and a discussion of any county/geographic-specific challenges related to the provision of services in the locales they are proposing to serve. The discussion shall also include plans to address the challenges specific to these communities and how the program will increase utilization rates among consumer groups under-utilizing services (i.e. Pacific Islanders, immigrants, etc.).
3. A reasonable estimate of the number of consumers it could serve and, where applicable, an indication of its total capacity broken down within the specific locale in which services will be provided (i.e. East and/or West Hawaii as opposed to Hawaii County), and the number of units it will provide.
4. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services
5. A description of the accessibility of services for the target population, and a description of impediments to services and efforts to overcome barriers.
6. A statement that the applicant shall not refuse a referral, and that it shall not have an exclusionary policy that is inconsistent with the DIVISION'S guidelines.
7. An indication of the "best practices/evidence-based practices" the applicant incorporates and a citation of the literature to support its "best practices/evidence-based practices". A description of the system it uses to implement and maintain its "best practice/evidence-based practices" program integrity.
8. Where applicable, demonstration that the applicant is capable of providing twenty-four (24) hour coverage for services.
9. For services with twenty-four (24) hour, seven (7) days a week coverage, description of how the applicant's on-call system works, i.e., methodology relative to applicant's answering service. Specifically describe how consumers access applicant's service and staff availability.
10. Where the service is housing, residential or day treatment / intensive outpatient hospital service, a weekly schedule that can be individualized to consumers and consistent with the requirements of the scope of services described in Section 2.III.A.

11. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives.
12. A statement by the applicant that it is ready, able, and willing to provide services throughout the time of the contract period.
13. A statement by the applicant that it has read and understands the Request for Proposal and will comply with the DIVISION requirements.
14. A description of the time distribution of staff to ensure appropriate clinical oversight and availability, as well as the accessibility of staff if they are not residing within the general community they intend to serve.

B. General Requirements

The applicant shall describe in this section of its proposal how it will comply with the general requirements specified in Section 2. II.

C. Administrative Requirements

The applicant shall describe in this section of its proposal how it will comply with the administrative requirements specified in Section 2 III.B.2.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

The DIVISION is permitting the use of a fixed unit of service rate pricing structure for Community-Based Case Management Services described in the RFP, the applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages
- SPO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits

- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206D – Budget Justification – Travel-Out of State
- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases
- SPO-H-206J – Budget Justification – Motor Vehicle

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a. The applicant shall submit a cost allocation plan showing how costs are allocated across different funding sources.
- b. Also, the applicant shall submit a copy of its most recent audited or compiled financial statements.

2. The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenue and how the applicant will prevent billing more than one payer and submit overpayments to the DIVISION. The applicant may not bill other payers for services already paid for by the DIVISION or bill the DIVISION for services eligible for payment by another payer.
3. The applicant shall describe its billing/claims process and how it ensures accurate and timely submission of billing/claims based on written documentation which supports the bill/claim, and how it processes adjustments, reconciles payment, and posts payment.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>		<u>Possible Points</u>
<i>Administrative Requirements</i>		
<i>Proposal Application</i>		105 Points
Program Overview	0 points	
Experience and Capability	20 points	
Project Organization and Staffing	15 points	
Service Delivery	60 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		105 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (105 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

1. *Experience and Capability* **Total 20 Points**

Up to 10 points may be deducted from agencies who in the past demonstrated unsatisfactory performance.

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

a. **Necessary Skills** **(5 points)**

- 1) Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- 2) Demonstrated ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.

b. **Experience** **(2 points)**

The applicant possesses the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services

including, but not limited, to previous and current contract performance with the DIVISION and other agencies.

c. Quality Assurance and Evaluation (4 points)

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

- 1) The applicant has sufficiently described its quality improvement program which shall include the following:
 - a) Provision of a utilization management system.
 - b) Provision of a quality management program.
 - c) A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.
- 2) Description of a comprehensive training plan and staff handbook/personnel manual for staff that is responsible for the delivery of services. The plan includes the required trainings listed in Section 3.II.C.12 and also outlines the applicant's plan of continuing education and training for staff responsible for the provision of services.
- 3) The applicant must clearly state an intention to subcontract, any portion of their proposed services. The applicant must demonstrate that the services meet all applicable requirements specified in Section 2, including but not limited to, compliance with reporting requirements. The applicant must adequately describe the monitoring it will perform to ensure subcontractor(s) are compliant with DIVISION requirements.

d. Coordination of Services (4 points)

Demonstrated capability to coordinate services with other agencies and resources in the community.

e. Facilities (1 points)

Adequacy of facilities relative to the proposed services. Includes plans for prospective locations if a facility is not yet secured.

f. Management Information Systems (MIS) (4 Points)

Demonstrate that their management information system (MIS) shall include, but not be limited to, the following:

- 1) Relative to current MIS **(2 Points)**
 - a) Applicant is able to collect all required information and have the flexibility to add or remove additional data elements.
 - b) Applicant currently able to collect some required information with a plan to upgrade the MIS to collect all information by the time the contract begins.
 - c) If applicant is not currently able to collect all required information and unable to do so in the future or no description of implementation plan to collect information, no points shall be applied to applicants that provide this response.
- 2) Relative to electronic claims **(2 Points)**
 - a) The applicant currently submits electronic claims in the HIPAA compliant 837 professional format to at least one payor.
 - b) By the time that the contract is executed, the applicant will be able to submit electronic claims in the HIPAA complaint 837 professional formats to DIVISION.
 - c) The applicant is unable to produce an electronic 837 file but can produce CMS 1500 claims.

2. Project Organization and Staffing Total 15 Points

The State will evaluate the applicant's overall staffing approach to the service that shall include:

a. Staffing (8 points)

- 1) Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is

reasonable to insure viability of the services and complies with applicable DIVISION requirements.

- 2) Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program, comply with applicable DIVISION requirements.

b. Project Organization (7 points)

- 1) Supervision and Training: Demonstrated ability to supervise, train and provide administrative and clinical direction to staff relative to the delivery of the proposed services and comply with applicable DIVISION requirements.
- 2) Organization charts: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.
- 3) Applicable submission of evidence that the applicant is licensed if licensure is required; and for all applicants, accreditation of the service(s) the applicant is applying for if it is an accreditable service.

3. Service Delivery Total 60 Points

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

Evaluation criteria will include the following:

- a. Demonstrated capability of service delivery system to meet the goals and objectives of the RFP including, but not limited to, appropriateness to consumer populations, communities, and regions. **(10 Points)**
- b. A clear description of the services for consumers from point of entry to discharge, aftercare and follow-up. Any services subcontracted out must be included in the description. **(10 Points)**

- c. A reasonable estimate of the number of consumers it will serve and the breakdown in the specific locale in which services will be provided. **(5 Points)**
- d. A statement that the applicant shall not refuse a referral, and that it shall not have an exclusionary policy that is inconsistent with the DIVISION's guidelines. **(2 Points)**
- e. The program incorporates "best practices/evidence-based practices," has literature to support this, and has a system for implementing and maintaining best practice program integrity. **(10 Points)**
- f. A statement to assure that the applicant shall conform to the DIVISION's standardized assessment package. **(2 Points)**
- g. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives. **(5 Points)**
- h. A statement by the applicant that is ready, able, and willing to provide services throughout the time of the contract period. **(1 Point)**
- i. A statement by the applicant that is has read the Request for Proposal and will comply with DIVISION requirements. **(2 Points)**
- j. Description of how the time of the MD/APRN-Rx, QMHP, Team Leader and RN will be distributed across the program to ensure the adequate availability of clinical oversight and supervision. **(5 Points)**
- k. Description of the residence of staff in relation to the geographic location in which they will be providing services. If staff will not be residing in the general community in which they are providing services, the applicant shall describe how the program will ensure adequate coverage in times of crisis or general provision of services. **(3 Points)**
- l. The program has adequately described the anticipated geographic-specific challenges related to the provision of services in the locales they are proposing to serve as well as challenges related to under-utilization of services among consumer groups (i.e. Pacific Islander, immigrants, etc.). The applicant has further detailed their plans to address these challenges specific to these communities.

(5 Points)**4. Financial****Total 10 Points**

- a. Pricing structure based on fixed unit of service rate
 - 1) Applicant's proposal budget is reasonable, given program resources and operational capacity.
 - 2) A cost allocation plan clearly describes the allocation of funds across different funding sources.
 - 3) The submission of a copy of the most recent audit report or compiled financial statement.
 - 4) Adequacy of accounting system.
 - 5) An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one payer.
- b. Eligible sources of revenue
Description of all eligible sources of revenue from third parties and plans to pursue additional sources of revenue.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.